

WELLNESS RECOVERY ACTION PLAN (WRAP) & EMPLOYMENT

DATE & TIME: March 15, 2016

9:00 AM - 4:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: Wilshire Metroplex
3530 Wilshire Blvd, Classroom A and B (7TH FLOOR)
Los Angeles, CA 90010

PARKING:

The purpose of this training is to teach participants the basic components of WRAP and its application to employment. The presenter will address the following: explain the basic components of WRAP, use of WRAP to facilitate the creation of employment goals, and identify ways to assist consumers seek and retain employment. The training requires participants to write their own employment WRAP for the purpose of integrating and applying training knowledge.

TARGET AUDIENCE: DMH Employees and Contractors

OBJECTIVES: As a result of attending this training, participants should be able to:

1. Identify the components of WRAP.
2. Discuss how WRAP can be applied to employment goals.
3. Identify methods to assist consumers seek and retain employment.
4. Identify ways to support consumers in setting employment and education goals.
5. Discuss how cultural views may impact an individual completing an employment WRAP.
6. Formulate your personal WRAP related to employment.

CONDUCTED BY: Lidia Gamulin, LCSW Private Trainer

COORDINATED BY: Janice Friend, Training Coordinator
Email: jfriend@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

**CONTINUING
EDUCATION:** NONE

COST: NONE

DMH Employees register at:
<http://learningnet.lacounty.gov>

Contract Providers complete
attached training application

☐ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General



County of Los Angeles Department of Mental Health
NON-DMH STAFF TRAINING APPLICATION FORM
Please Print or Type



Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html.

Training Title **WELLNESS RECOVERY ACTION PLAN (WRAP) & EMPLOYMENT**
 (as in DMH bulletin)

Date(s) **March 15, 2016**

Training Coordinator: **Janice Friend**

County Employee Number

(non-county employees supply the last four digits of the SSN)

Name

Program, Service or
Agency

Job Title

Address

City

Zip Code

Telephone

Email

License or Credential Number(s) (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

County of Los Angeles- Dept. of Mental Health
PSB- Workforce, Education & Training
695 S. Vermont Ave., 15th Floor
Los Angeles, CA 90005

Fax: (213) 252-8775

Phone: (213) 251-6874

Email: jfriend@dmh.lacounty.gov

(When faxing, there is no need to use a cover sheet)

Print Supervisor Name

Supervisor's Signature